

THE BOARD OF REGISTERED NURSING

JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE REPORT TO THE CALIFORNIA LEGISLATURE

Board Overview, Issues, Findings and Recommendations

**Prepared by:
Joint Legislative Sunset Review Committee**

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1.

OVERVIEW OF THE CURRENT REGULATORY PROGRAM

BACKGROUND AND DESCRIPTION OF THE BOARD

The Board of Registered Nursing (BRN) fulfills its public protection mandate by regulating the profession of nursing. The BRN describes itself as a dynamic agency which continuously looks at current and future health care needs and actively intervenes to promote public health, safety, and welfare. The board serves as an advocate for health care consumers through registered nursing's comprehensive view of health care, adding nursing's unique perspective to health care decision-making.

According to the BRN, regulation of registered nursing is essential for public health, safety, and welfare. All 50 states and the District of Columbia currently regulate the profession of registered nursing. Eighteen boards of nursing have gone through Sunset Review, yet the practice of registered nursing has never been deregulated.

The board's analysis of the need for continued regulation of registered nursing considered a number of factors: consumer risk, public expectation, difficulty for consumers to evaluate competence of RNs, the existence of similar occupations performing some nursing functions, and statistics from the board's enforcement program. Consumers rely on RNs for a broad range of critical services requiring professional judgment and complex, technical skills which, if performed incompetently, could cause patient harm or death. According to the BRN, consumers rely on the board to ensure RNs are competent to provide safe patient care.

As stated in the BRN's report to the Joint Legislative Sunset Review Committee (JLSRC), the board's mandates include:

- Establishing educational standards
- Licensing registered nurses
- Certifying advanced practice nurses and public health nurses
- Implementing the Enforcement Program
- Managing the Diversion Program
- Providing informational and educational services for the public
- Monitoring and providing input on proposed legislation and regulation

During its strategic planning process in 1994-95, the board adopted the following mission statement which also serves as its vision statement:

[To] Protect the health and safety of consumers and promote quality registered nursing care in the State of California. To accomplish this the board will:

- *Establish and uphold competency standards, provide guidance and interpretation, prevent patient harm, and intervene with discipline and rehabilitation.*
- *Serve the public in a customer-oriented, well-managed, and respectful manner.*
- *Provide employees with the opportunity for satisfying work in an atmosphere of shared commitment.*

The BRN's activities are grouped in the following program areas:

Licensure Program: The Board of Registered Nursing regulates over 255,000 RNs. The board issued 10,650 licenses in fiscal year 1995-1996.

Certification Programs: To qualify for certification, the applicant must have a California RN license and meet the board's educational requirements. The board certifies and regulates: 38,700 Public Health Nurses; 7,300 Nurse Practitioners; 1,400 Nurse Anesthetists; 850 Nurse Midwives.

Nursing Program Approvals: The board regulates and approves 94 pre-licensure, 20 nurse practitioner and five nurse midwifery education programs. To ensure the safety of consumers, the board must determine compliance with its rules and regulations on initial approval and on a continuing approval basis.

Licensing Examination: The national licensing examination is designed to test the knowledge, skill, and ability of entry level practice for registered nurses. The examination is a computer adaptive test which is continually updated and validated for reliability and entry level practice competencies. It is offered to individuals on a year-round, continuous basis at 21 different test centers throughout California.

Continuing Education Program: RNs are required to complete 30 hours of continuing education for license renewal every two years. The board regulates and approves 3,400 Continuing Education Providers.

The Enforcement Program: The board places high priority on protecting the public by disciplining RN licenses for violation of the Nursing Practice Act and denial of licenses to applicants who are unsafe to practice. In fiscal year 1995/1996, over 70% of the board's annual budget was expended on enforcement activity. The board investigates complaints and takes action in cases involving serious violations such as drug abuse, medication errors, patient abuse or assault, incompetence or gross negligence, and crimes related to the practice of nursing.

The Diversion Program: The diversion program provides the vehicle to expeditiously remove from practice RNs impaired by drugs, alcohol, or mental illness. The diversion program is a voluntary, confidential program enabling an RN to focus on recovery. To

ensure patient safety, participants in the diversion program do not return to practice until deemed safe and are closely monitored for compliance with their rehabilitation program.

Consumer Education and Information: The board provides direct access to information about: licensing, practice, education, discipline, and consumer affairs. The board also promotes public awareness of registered nursing by its outreach efforts of participating in community activities such as health fairs and consumer forums throughout the state.

Board Composition

The Board of Registered Nursing consists of nine members, as delineated below. The board uses a committee structure to assist in carrying out its mandates.

Pursuant to Section 2702 of the Business and Professions Code, the current composition and qualifications of the nine-member Board of Registered Nursing are as follows:

- Three public members. These members represent the public at large, and cannot be licensed under any board. They may not have any pecuniary interests in the provision of health care services. *One member is appointed by the Governor, one by the Senate Rules Committee, and one by the Speaker of the Assembly.*
- Three registered nurses who are actively practicing in direct patient care. These RNs must have at least five continuous years of experience, and may not be engaged as an educator or administrator of a nursing education program. *These members are appointed by the Governor.*
- One registered nurse educator. The educator member must be active as an educator or administrator of an approved program to educate registered nurses. *This member is appointed by the Governor.*
- One registered nurse administrator. This member must be an administrator of a nursing service with at least five continuous years of experience. *The Governor appoints this member.*
- One physician. The physician must be active in practice with at least five years of continuous experience. *The Governor appoints the physician member.*

The BRN states that the current size and composition of the board has proven to be effective. Nine members provide a reasonable size for full participation, constructive interaction, and diverse viewpoints. Historically, the consumer has been well represented by the three public members who have been active participants in the work of the board. At the same time, the registered nurse members bring both their subject matter expertise as well as their legal mandate for patient advocacy to the table. The BRN states “It has been clear that a majority of nursing members are needed for their nursing expertise as the board has faced complex enforcement cases, as well as practice and educational policy dilemmas.” To round out the diversity of the group, the current board has found

that the physician member position brings a multi-disciplinary approach to the board and assists in viewing consumer care across a continuum.

Board Vacancies

As of August 12, 1996, when this report was prepared, two vacancies existed on the board: one public member and one direct-practice nurse member, both of which are Governor appointees. Those two positions have each been vacant for approximately five months. During the past four fiscal years, the board has not had any vacancies for the two positions appointed by the Senate and Assembly. For the seven positions appointed by the Governor, when vacancies have occurred, the average time for appointment has been four months.

BUDGET AND STAFF

The Board of Registered Nursing is a self-supporting, special fund agency which generates its revenues from licensing fees. The board has no plans for any budget change proposals and no plans for changes in total staff expenditures.

The BRN's total expenditures have ranged from \$10.2 million in 1992/3 to \$13.1 million in 1995/6. Personnel costs average approximately 33% of expenditures, while operating expenses and equipment average about 67%. Licensing program cost percentage has declined from 29% in 1992/3 to 16% in 1995/6. Examination program cost percentage has also declined, from 24% in 1992/3 to 13% in 1995/6. Enforcement program expenditure percentage has increased from 47% in 1992/3 to 71% in 1995/6. Current staffing (PY) levels are 38.9 in enforcement, 25 in examination, and 31.1 in licensing, for a total of 95 authorized positions.

Of significance, the board *increased its budget and expenditures for enforcement related activities starting in 1993/1994* to effectively intervene for consumer protection. The budgets for Attorney General, Administrative Hearings, and Diversion Program were increased through the legislative budget process to address increased caseloads and costs. Also, the costs for Division of Investigation increased significantly during this time period.

Fund Condition Projections

It is projected that the current fund reserve (8 months) will decline across the next four years due to factors such as declining endorsements (i.e., acceptance of another state's licensure without requiring an applicant to take the examination) from other states into California. The BRN notes that nearly twice as many RNs exit California compared to those entering. Over 75% of the board's revenue derives from renewal fees, so any decline in the number of RNs can significantly impact projected reserves.

FEES

Current Fee Schedule and Range

According to the BRN, the board's *fees are currently set at the minimum level of the range established in statute*. The board's fees have remained at the same level for five years, and there are *no plans to increase fees*. The board's license is good for two years. The board's current fee structure is as follows:

Fee Schedule	Current Fee	Statutory Limit
Application Fee	\$ 75 (RN)	\$150
Exam Fee for Any Section Tested	\$ 97/\$88 (phone/mail)	\$ n/a
Original License Fee	\$ n/a	\$ n/a
Renewal Fee	\$80	\$150
Retired License Fee	\$ n/a	\$ n/a

LICENSING OF REGISTERED NURSES

The Board of Registered Nursing regulates over 255,000 RNs. The board issued 10,650 licenses in fiscal year 1995-1996. Applicants for licensure by examination (US and International) must meet the board's educational requirements to qualify for the national licensing exam.

The BRN states that primary objective of the board's licensing program is to ensure consumer protection by determining that individuals possess the knowledge and qualifications necessary to competently practice registered nursing.

LICENSING DATA	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Licensees (Type)	Total:254,061	Total:252,415	Total: 252,905	Total:254,822
Active	232,209	231,873	233,678	236,590
Inactive	21,852	20,542	19,227	18,232
Potential Licensee (Graduates)	n/a	n/a	n/a	n/a
Applications Received	21,530	17,700	14,323	14,597
Applications Denied	n/a	n/a	n/a	n/a
Licenses Issued	11,693	10,655	10,602	10,650
Renewals Issued	124,139	126,813	125,879	129,928
Statement of Issues Filed	19	26	21	20
Licenses Denied	5	11	10	7

Basic Educational Requirements

The educational requirements for RN licensure are delineated in the Nursing Practice Act (B&P, Section 2736; CCR, Section 1420-1429). All applicants for licensure must provide evidence (official school transcripts) of meeting the curriculum requirements, which include a minimum number of both theory and clinical credit hours in nursing. *California requires successful completion of specified curriculum, rather than graduation from a nursing program.*

Nursing Program Approvals

To ensure the safety of consumers, compliance of nursing programs with the statutory requirements for a registered nurse program is maintained by the board through regular on-site evaluations. Once initial approval of the program occurs, the program is re-surveyed every five years; this includes writing a self-study and on-site review by two board staff. Both the program self-study and the review by board staff directly correlate to regulations contained within the Nursing Practice Act.

If a program is in compliance with all of the board's rules and regulations, the board grants continuing approval to the program. Programs in non-compliance with one or more of the board's regulations are placed on deferred action by the board. Programs on deferred action must come into compliance with all of the board's regulations by a specified date. If a program fails to correct the areas of non-compliance, or fails to

demonstrate progress toward correcting areas of non-compliance, the board places the program on warning status. *Warning status is very serious. It means the board is warning the program of its intent to close the program.* In each case where the board has had to place a program on warning status, the school has mobilized resources adequate for the program to comply with the board's regulations.

It should be noted that the BRN's statutory authority and its implementation of that authority with respect to evaluation and approval of nursing programs have been criticized by chief executive officers of various community colleges.

Applicant Qualifications -- Alternative Routes to Eligibility

California's Nursing Practice Act contains a special provision for *licensed vocational nurses (LVN)* to become eligible to sit for the RN licensing examination. In thirty semester units or less (45 quarter units or less), the LVN in this option completes Physiology, Microbiology, and specified nursing courses. Upon satisfactory completion of this "thirty unit option" the LVN is eligible to take the NCLEX-RN licensing examination. Because the "thirty unit option" LVN has not completed an RN program, and has not graduated from an RN program, many states will not license these applicants if they move out of the state of California. Each board-approved pre-licensure program offers a "thirty unit option" LVN track, and provides printed information which clearly spells out the benefits and limitations of this approach to RN licensure.

Military corpsmen who have completed the equivalent of registered nurse education within the military service, have had two years of direct patient care nursing related experience within five years of application, and who have served in the armed forces under honorable conditions, also have a special route for eligibility to take the NCLEX-RN licensing examination (B&P, Section 2736.5).

The Nursing Practice Act has *no mechanism for "grandparenting"* into the profession; i.e., no mechanism for individuals who did not have to meet the current licensure requirements when the licensure law was first enacted.

International applicants for licensure must meet the same curriculum requirements as California-educated candidates for licensure to be eligible to sit for the National Council Licensure Examination for registered nurses. The board does not recognize international endorsements because educational and other standards for licensure differ significantly from country to country.

Applicants who are already licensed in another state or territory provide evidence of meeting California curriculum requirements, of passing the national licensing examination, and of having a free, clear, and current license in another state. These applicants are referred to as *endorsement applicants*.

Background Checks, Interim Permits

All applicants to take the national licensing examination in California must submit fingerprints for a Department of Justice report; endorsement applicants (already licensed in another state) must submit two sets of fingerprints for both a Department of Justice report and a Federal Bureau of Investigation report. An interim permit is issued to individuals who are eligible but have not yet taken and passed the national licensing examination; the interim permit allows the new graduate to function in the registered nurse role while under the supervision of a registered nurse. Individuals who are licensed in another state are issued a temporary license. *No California registered nurse license is issued until the reports are received from the Department of Justice and, where applicable, the Federal Bureau of Investigation.*

Evaluation Of Applicant Misconduct

Applicants for RN licensure in California are required to report prior convictions other than minor traffic violations and are required to report any conviction or disciplinary action which occurs between the date the application was filed and the date of issuance of the California RN license. Endorsement applicants (already licensed in another state) are also required to report any prior discipline against their RN licenses in another state. This information is validated through Department of Justice reports, and for endorsement candidates, through additional Federal Bureau of Investigation reports and direct verification from boards of nursing in other states. The board can also access information regarding discipline of a nurse's license in any participating state or territory through National Council's Discipline Information System. (This interstate nurse discipline data bank includes all state nursing boards. The federal government has not yet implemented the National Practitioner Data Bank for RNs). When the applicant's information and the reports reviewed match, the file is approved for further processing. If it appears the applicant failed to disclose convictions or other pertinent

information, the file is forwarded to the board's enforcement program for further review. Once the fingerprints are on file from the Department of Justice, the board will also receive subsequent arrest notification; this facilitates the board in its ongoing monitoring of its licentiates.

Files in which applicants have self-disclosed convictions, history of substance abuse or mental illness, or other issues which may impact their ability to safely practice as a registered nurse, are automatically referred to the enforcement program of the board. This includes those instances where the applicant may have submitted information that is not verified by official documents received by the board (e.g., official transcripts, verification of licensure from other states for endorsement candidates, Department of Justice and/or Federal Bureau of Investigation reports). *Board staff review the documents to identify potentially unsafe practitioners, using the board's policy on denial of licensure.*

Grounds for Denial of Licensure

Regulations provide for denial of licensure (either initially, or subsequent to disciplinary action) for crimes or acts which are substantially related to nursing qualifications, functions, or duties. A crime or act meets the criteria if, to a substantial degree, it evidences recent or potential unfitness to perform nursing functions in a manner consistent with the public health, safety, or welfare (CCR, Section 1444).

CONTINUING EDUCATION/COMPETENCY REQUIREMENTS

The BRN states that the purpose of its Continuing Education Program is to enhance consumer protection by assuring that registered nurses pursue educational experiences to maintain current professional competence.

Educational Needs Of The Professional

Registered nurses must complete 30 hours of continuing education in the 24 month period preceding the license expiration date. Exceptions include: registered nurses who were initially licensed in California or another jurisdiction within the previous two years, those residing out of the country, those in the military, and those in ill health, or for other good cause.

The BRN contends that the importance of continuing education (CE), in effect since 1978, is evident as the profession encompasses many specialty areas requiring in-depth expertise; and that, without continuing education, licensees would soon become distanced from what constitutes current practice based on recent nursing research, advances in medicine and technology, and emerging trends like managed care that drastically affect the profession.

It should be noted that, while continuing education seems intuitively to be highly beneficial to licensees and the consumer public (especially for health care practitioners), there is no empirical evidence that demonstrates a clear conjunction between a CE mandate and improved practitioner competence.

Continuing Education Providers

The board approves Continuing Education Providers (CEPs) -- not individual courses. Currently, approximately 3,400 CEPs are approved by the board to meet the varied needs of registered nurses and advanced practice nurses. CEPs are grouped into seven organizational categories. These categories are: individuals, corporations, health facilities, universities/schools/colleges, partnerships, associations and government agencies.

CE Audit Process

The BRN audits both CE providers and practitioners for compliance with its CE regulations.

Every two years, California registered nurses list on their license renewal form the course(s) they have completed in order to meet the requirement for 30 contact hours. A computer program randomly selects 100 RNs monthly who have completed their renewal cycle within the previous two years to be audited. Over the past four fiscal years, 2,161 RNs have been audited. Over 99% of the RNs provide documentation of acceptable course content.

Continuing Competence--Alternatives to CE

California is one of 20 boards of nursing that require continuing education. The California board values the acquisition of knowledge as a key component of continuing competence for registered nurses. In recent years, however, the *issue of continuing competence for health professions is undergoing close scrutiny on a national basis*. The concern is how can clinical competence be defined and measured. Two areas under discussion to address this issue are *re-testing and work performance evaluations*.

The issue of continued competence for health personnel is being explored by the Citizen Advocacy Center (CAC), in Washington D.C. The consensus of the consumer members of the boards of nursing, medicine and nursing home administrators who attended the annual CAC conference, in December 1995, is that *the public does depend on individual licensing boards to determine that their licensees maintain current competencies*. The California Board of Registered Nursing has been, and will continue to be, involved in these discussions. The outcome from these activities will assist the board in its analysis of the various methods being proposed for assuring continuing competence.

CE And Remediation/Discipline

The board is authorized to require remedial education only after disciplinary action has been taken against a registered nurse's license. As a key element of all probationary terms, the probationer is required to complete appropriate education, which includes CE course work. In

instances, when review of a complaint indicates a possible knowledge deficit, but the gravity of the violation does not warrant disciplining the licensee, a voluntary remediation plan with courses specific to the violation is strongly recommended to the nurse. The licensee is asked to send a copy of the certificate of completion to the board.

ENFORCEMENT ACTIVITY

ENFORCEMENT DATA	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Complaints Filed (By Type)	Total: 1,212	Total: 1,303	Total: 1,214	Total:1,182YTD
Unlicensed Practice	158	139	96	112
Contractual	0	0	2	1
Fraud	44	63	19	17
Competence/Negligence	266	271	177	156
Unprofessional Conduct	247	319	468	395
Personal Conduct	399	433	365	404
Health and Safety	35	40	28	38
Other	63	38	59	59
Investigations Opened	Total: 851	Total: 950	Total: 823	Total: 790YTD
Disciplinary Actions	Total: 410	Total: 527	Total: 388	Total:365 YTD
Accusations Filed	262	209	155	173
Accusations Withdrawn	4	7	16	14
Surrender of License	4	10	7	14
Probation	27	60	65	52
License Suspension	3	9	10	4
License Revocation	45	177	108	77
Criminal Actions Filed	65	55	27	31

The BRN states that the purpose of its Enforcement Program is to protect consumers by disciplining licensees who violate the Nursing Practice Act, monitoring registered nurses, practice following discipline to ensure safe patient care, denying licenses to applicants who are unsafe to practice, and seeking prosecution for unlicensed practice.

Enforcement Program Overview

The Board of Registered Nursing's Enforcement Program serves a vital role in public protection by:

- Investigating and resolving complaints about licensees and imposing disciplinary sanctions to revoke or restrict licenses
- Monitoring probationers as nursing practice is resumed to ensure patient safety
- Denying licensure to applicants deemed unsafe to practice due to serious convictions or acts
- Intervening in criminal unlicensed practice cases through the District Attorney
- Promoting public protection through education and informational services to prevent violations of the Nursing Practice Act

The board places high priority on protecting the public by disciplining RNs for violations of the Nursing Practice Act and denying licenses to unsafe applicants. Since 1992/93 the board has demonstrated this emphasis on enforcement by shifting enforcement funding from 47% to a current 71% of its total budget. This active program produces significant results for the public. The board receives approximately 1,200 complaints annually which are investigated on behalf of the public. These complaints involve serious violations such as drug abuse, medication errors, incompetence, gross negligence, sexual assault, patient abuse, fraud or theft, crimes of violence, and unlicensed practice. *Over the past four years, the board has disciplined 677 licensees and denied or restricted licenses for 80 applicants.*

Enforcement Program Improvements

During the past four years the board has made several significant improvements to its Enforcement Program. Commitment to protect consumers through effective enforcement is shown by the following:

- Funding to Address Caseload Through the Legislative budget process, the board obtained approval to increase its budget for the Attorney General and Administrative Hearings to address an increased caseload effective 1993/94. As a result, the number of cases pending disciplinary action was reduced from 468 in 1992/93 to 289 as of September 1996, for a 38% reduction. The AG's Office continues to complete a larger number of cases than the board transmits to it each year, so the number of cases pending continues to decline.
- Redirection of Two Positions With approval of the Department of Consumer Affairs and Finance, the board redirected two positions to the Enforcement Program this year. The two new analysts will enable the program to change to a case management approach in which analysts will oversee and facilitate cases from complaint receipt to completion. The purpose of this reorganization is to further improve and enhance timely case completion and prioritization of cases to ensure the most prompt action possible in the most egregious cases.

- Increased Public Access to License and Discipline Information During the past two years, the board has taken two significant steps to increase public access to license and discipline information. First, the mailing list for disciplinary action reports was expanded to include several thousand health facilities regulated by the Department of Health Services. This step improves notification of RN employers of recent discipline. In addition, the board established an easy-access, toll-free license verification line so that the public can verify current license status 24 hours a day, seven days a week. Callers can find out license and certification status and verify the name of the licensee. If there is current or prior disciplinary action, the call transfers directly to a board hotline for more information. Nearly 8,000 callers use the service each month.
- Public Outreach This year the board released a video and a brochure focusing on its Enforcement Program. These items are designed to familiarize the general public, employers, and others with how to file a complaint and how the enforcement process works.
- Statutory Changes Effective 1994, the board can take action more readily in cases involving out-of-state discipline or discipline by another health care licensing board. B&P Code Section 2761 (a)(4) was amended to remove several barriers to taking action. In addition, Section 2760.1 was added as of 1995 to require three years to pass rather than only one year before a license can be reinstated after revocation. This provision sets a more realistic time frame for rehabilitation from serious offenses.

COST RECOVERY

The following chart depicts specified BRN enforcement costs and amounts recovered.

COST RECOVERY (DOI/AG)	FY 1992/93	FY 1993/94	FY 1994/95	FY 1995/96
Cost Incurred	\$1,687,551	\$1,471,440	\$2,837,179	\$3,737,462
Received	\$10,504	\$18,689	\$25,129	\$34,059

CONSUMER OUTREACH AND EDUCATION

The Board of Registered Nursing strives to reach consumers in a number of ways, informing them of the role of the board and how to file complaints against licensees. The board also uses specific meetings to identify issues affecting the health and welfare of the public.

Determining Public Needs

The board has utilized several outreach techniques to be responsive to public needs; these include specific forums for the public and licentiates to give input regarding issues affecting nursing practice. In February, 1994, the board organized a Nursing Summit on Health Care Reform, which addressed issues confronting nursing from the rapidly changing health care delivery systems. One result of this summit meeting was that the board began to emphasize inclusion of community based learning environments within the nursing programs in the state. The use of community based learning environments will help better prepare new registered nurses to function in settings other than hospitals.

In Fall, 1995, the board conducted nursing forums throughout the state. These four statewide forums were held in Bakersfield, Chico, Orange, and San Jose, and were widely advertised through mailed notices and press releases. The purpose of the forums was to provide an opportunity for licentiates to talk to board members about issues currently impacting their practice, and for the public to bring issues forward for board consideration. The forums were very well attended, with the majority of attendees being licentiates.

Seeking public input more specifically, the board held two Focus Group meetings in Spring, 1996. These consumer focus groups met in San Diego and Redwood City, with attendees representing health care advocacy groups and consumers of health care. Although many of the attendees had no direct experience with the BRN, all had opinions regarding the practice of registered nursing and health care services in California. From their own personal experiences, the participants expressed a high level of satisfaction with registered nursing services. All agreed that health care professionals and health care organizations need to be regulated and held accountable to established standards. A shortcoming identified for registered nurses and other health care professionals is failure to inform consumers about community resources and financial assistance.

The board values the information received from the public and is planning future consumer focus groups. The consumer's view will be presented to all of the board's licensees in the next edition of the board's newsletter. In addition, the board-regulated nursing programs and continuing education providers will be advised by the board about strengthening/expanding the content on community resources to ensure effective education on the topic.

Public Access to Board

The board provides direct access to services and information through its telephone system; this includes the toll-free license verification number. In addition, when the public calls the board's main telephone number, they can directly reach a person to answer questions or to file a complaint against a licensee. Of course, the board office is also open to the public, and individuals may make inquiries and file complaints in person. The board participates in health fairs and other public forums, as possible, to assist in promoting public awareness of registered nursing and of the board.

As an alternative to calling the board, the public is also welcome to mail their complaints and inquiries to the office. For those members of the public who prefer to write, the board has developed a helpful complaint form and instructions which may assist them. However, it is not required that complaints be filed on this form.

Publications and Videos

As part of strategic planning, the board has developed educational brochures and videos for the program areas which receive the most inquiries:

- Enforcement Program, including how to file a complaint against a licensee;
- Diversion Program, and;
- Board Program overview, including licensing, renewals, nursing practice and education, and other key areas.

The next effort in this area will be the development of a consumer guide on making informed decisions when seeking nursing and health services.

2.

IDENTIFIED ISSUES AND FINAL RECOMMENDATIONS OF THE JOINT LEGISLATIVE SUNSET REVIEW COMMITTEE

ISSUE #1. Should the licensing of registered nurses be continued?

Recommendation: *The State of California should continue regulation of the practice of nursing.*

Comment: Consumers rely on registered nurses (RNs) for a broad range of critical services requiring professional judgment and complex, technical skills which, if performed incompetently, could cause patient harm or death. All states currently regulate the profession of registered nursing. Eighteen boards of nursing in other states have been through Sunset Review, yet the practice of registered nursing has never been deregulated.

ISSUE #2. Should the Board of Registered Nursing be continued as an independent board, merged with other health related boards, or should its operation and functions be assumed by the Department of Consumer Affairs?

Recommendation: *The Board of Registered Nursing should continue as the agency responsible for the regulation of nurses. As such, legislation should be enacted to continue the Board and require a subsequent sunset review in six years.*

Comment: Merging this Board with that of the Vocational Nurses Board has been considered in the past. There was no indication that merging the Boards would improve consumer protection, or provide any cost savings. There is no evidence that creation of a bureau under DCA would lead to any cost savings, or improve the effectiveness and efficiency of the licensing program. The PEW Health Professions Task Force recommended that states consider creation of integrated licensing boards (mega-boards) that could have varying degrees of jurisdiction over all health care practitioners. Attempting to combine all health boards under a unified licensure board would create inefficiency, as the number of candidates and licensees would be overwhelming for a single agency to handle.

ISSUE #3. Should the composition of the Board be changed?

Recommendation: *No change.*

Comment: There are a majority of professionals on the Board with a total of nine (9) members: five (5) registered nurses, one (1) physician, and (3) public members. The Board is recommending that one of the “direct-practice” RNs (of which there are three) be designated as an “advanced practice” nurse.

ISSUE #4. Should the State certify clinical nurse specialists as recommended by the Board?

Recommendation: *The Joint Committee supports the board seeking statutory authority to certify Clinical Nurse Specialists.*

Comment: AB 1176 (Cunneen, 1995) was a measure to authorize titling of Certified Nurse Specialists. This issue was referred to the Joint Committee for consideration. Forty other states recognize clinical nurse specialists through, at the least, a titling act. Recognition by the State of clinical nurse specialists would allow them to provide full prescriptive authority if they work for federal government, and allow them to receive direct federal reimbursement as a primary care practitioner.

A bill has been reintroduced this legislative session to authorize the titling of certified nurse specialists.